

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
SACRAMENTO, CA 95814

December 6, 1982

To: All County Welfare Directors

Letter No. 82-65

EDWARDS V. MYERS PRELIMINARY INJUNCTION (CROSS REFERENCE CWD NO. 82-25)

This letter transmits answers to specific questions from counties pertaining to implementation of Edwards v. Myers. Also included are some policy changes which took place after All County Welfare Directors (CWD) Letter No. 82-25 was issued.

Continuing Medi-Cal Eligibility Following Discontinuance from AFDC

Question 1: CWD No. 82-25 requires the county to send both an application (CA 1) and Statement of Facts (MC 210) to families whose eligibility for Medi-Cal only cannot be determined at the same time AFDC is being discontinued. Can the CA 1 be an optional form?

Answer: Yes. Counties may choose whether or not to send a CA1 along with the Statement of Facts.

Question 2: If, at the time AFDC is being discontinued, the county has sufficient information to discontinue Medi-Cal but fails to do so, must the county send the family a MC 210 and CA 1 to complete?

Answer: No. There is no reason to require the family to complete forms if the county is able to determine eligibility for all Medi-Cal programs based on information already in the case record. However, the family is entitled to continuing Medi-Cal coverage until a ten day notice of action can be issued advising the family of their ineligibility for Medi-Cal benefits.

Question 3: May the county discontinue Medi-Cal (not just cash-based Medi-Cal) at the time AFDC is discontinued if the reason for discontinuance is failure to return the Income Report Form (CA 7)?

Answer: Yes. CWD No. 82-25 explains that if the reason for the AFDC discontinuance is also a condition of Medi-Cal eligibility, both AFDC and Medi-Cal may be discontinued at the same time. As CAC, Title 22, Section 50185 (a) (1) requires a Medi-Cal beneficiary to complete all documents necessary to determine continuing eligibility, Medi-Cal may also be discontinued if the CA 7 is not returned. The Notice of Action must state that Medi-Cal (not just cash-based Medi-Cal) is

being discontinued and the appropriate Title 22 Section must be cited.

Question 4: How much time must the county allow the Continuing Medi-Cal eligible (Aid Code 38 beneficiary) to submit verification and other required items?

Answer: Edwards v. Myers Continuing eligibles are to be treated as continuing cases rather than new applications. These cases, therefore, should be given a reasonable time in which to submit verification and other necessary information. The 60 day requirement pursuant to CAC, Title 22, Section 50168 does not apply. Medi-Cal eligibility under the Medically Needy (MN) or Medically Indigent (MI) programs can be granted prior to receipt of all necessary verification if the county has sufficient information to make the MN/MI determination.

Question 5: Which county is responsible for processing a returned application and Statement of Facts when the beneficiary moves to another county during the month of Aid Code 38 eligibility?

Answer: Edwards v. Myers' cases are to be treated as continuing cases for Medi-Cal eligibility purposes. Thus, the county in which the client was receiving aid code 38 eligibility is responsible for evaluating ongoing Medi-Cal eligibility, and transferring the case to the new county in accordance with CAC, Title 22, Section 50136. A face-to-face interview is not required for Edwards v. Myers' cases.

Question 6: When a family is on Continuing Medi-Cal (Aid Code 38) and other family members apply for Medi-Cal only (i.e., absent parent returns home) how is the income and needs of the Aid Code 38 family members treated in determining the other family members' Medi-Cal only eligibility?

Answer: Since Edwards v. Myers' Continuing Medi-Cal eligibles are considered Medi-Cal only rather than Public Assistance or Other Public Assistance recipients, the income and needs of the Continuing eligibles must be included in determining the eligibility of other family members. If the other family members are determined to have a share of cost, only those family members may apply their medical expenses towards meeting the share of cost. The Continuing Eligible family members are not to be listed on the Record of Health Care Costs, rather these persons are to be treated as ineligible members of the MFBU pursuant to Title 22, Section 50657 (a) (1) (A) that a full complement card has been issued.

Question 7: What county actions are necessary when the county learns that a Continuing Medi-Cal eligible (Aid Code 38) is entitled to aid paid pending in the same month?

Example: A family is discontinued from AFDC on August 31, 1982 because the parent is no longer incapacitated. The county is unable to immediately determine Medi-Cal only eligibility so the family is transferred to the Continuing Medi-Cal category effective September 1. On September 5, the county learns that the family filed a State hearing request on August 25 and is entitled to aid paid pending beginning September 1. The State Hearing is held on October and the adopted decision which denies the claim is received by the county on November 22.

Answer: In the example above, the correct aid code for September is aid code 30; however, as Medi-Cal cards have already been issued under aid code 38, aid code 30 Medi-Cal cards should not be issued for September. For October and November the county should initiate issuance of aid code 30 Medi-Cal cards.

The county is to determine eligibility for Medi-Cal only during the aid paid pending period. If the State hearing decision upholds the AFDC discontinuance, as in the above example, the county must take immediate action to grant or deny eligibility for Medi-Cal only based on the evaluation. Even though a ten day notice is not required to discontinue aid paid pending eligibility, the county must issue a ten day notice of action to discontinue the Continuing Medi-Cal coverage. Therefore, in the above example, if the county is able to discontinue the AFDC cash grant and aid code 30 Medi-Cal cards effective November 30, the family is to be transferred once again to aid code 38 Medi-Cal for December. A ten day notice should then be mailed to the family to discontinue Continuing coverage effective December 31. On the same or on a separate notice, the family should be advised of their eligibility or ineligibility for Medi-Cal only as of January.

If you have any questions regarding this letter please contact your Medi-Cal program consultant.

Sincerely,

Original signed by

Madalyn M. Martinez, Chief
Medi-Cal Eligibility Branch

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants